



**CONGRESSIONAL BUDGET OFFICE  
COST ESTIMATE**

July 30, 2002

**S. 210  
Native American Alcohol and Substance Abuse Program  
Consolidation Act of 2002**

*As ordered reported by the Senate Committee on Indian Affairs on July 10, 2002*

CBO estimates that implementing S. 210 would cost about \$600,000 in 2003 and less than \$500,000 annually after that, assuming appropriation of the necessary funds. The bill would permit Indian tribes to consolidate alcohol and substance abuse programs that are currently funded through a number of federal agencies.

Under S. 210, tribes would submit plans to the Department of Health and Human Services (HHS) for approval. HHS would approve or reject plans after consulting with the federal agencies that would be affected. During this approval process, these agencies would be able to waive statutory and other requirements to enable tribes to implement their plans. CBO estimates that the costs of approving plans, monitoring their implementation, and providing technical assistance would cost about \$600,000 in 2003 and \$350,000 annually in later years.

S. 210 also would require HHS to submit reports on the bill's implementation within two and five years of enactment. CBO estimates that these reports would each cost less than \$100,000. The additional costs of S. 210 would be borne by the Indian Health Service, the lead agency for the bill's implementation.

Enacting S. 210 would not affect direct spending or receipts; therefore, pay-as-you-go procedures would not apply. This bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act. By allowing tribes to consolidate programs for behavioral health care, including substance abuse, the bill would provide tribes with greater programmatic flexibility.

The CBO staff contact for this estimate is Eric Rollins. This estimate was approved by Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.